

COOPERATIVE BREAST CANCER TISSUE RESOURCE
FORM 1 - APPLICATION FORM FOR STATE INSTITUTIONS

I. Agreement for use of tissues provided from the Cooperative Breast Cancer Tissue Resource (CBCTR)

The recipient institution agrees to assume all risks and responsibility in connection with the receipt, handling, storage and use of tissues to the extent permitted under the laws of this State. I further agree to indemnify and hold harmless the Cooperative Breast Cancer Tissue Resource and the United States from any claims, costs, damages or expenses resulting from the use of the tissues provided by the CBCTR, and warrant that I have authority to execute this agreement on behalf of the recipient institution. I hereby agree that the tissues to be provided by the Cooperative Breast Cancer Tissue Resource will be used for research purposes only. Tissues and their products shall not be sold or used for commercial purposes, nor will tissues be distributed further to third parties for purposes of sale or producing for sale, cells or cell products. The tissues are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied. I, as the investigator receiving these tissues, also assume full responsibility for informing and training all personnel in the dangers and procedures for safe handling of these and all other tissues.

II. Acknowledgment Agreement

I hereby agree to make the study results available to the scientific community and to acknowledge the contributions of the Cooperative Breast Cancer Tissue Resource in all publications resulting from the use of these tissues. Recommended wording to the methods or acknowledgment section is: Tissue samples were provided by the Cooperative Breast Cancer Tissue Resource which is funded by the National Cancer Institute.

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN AGREEMENTS I & II ABOVE

_____ Typed Name of Recipient	_____ Institution	_____ Typed Name of Official Authorized to Sign for the Institution
_____ Signature of Recipient	_____ Division or Department	_____ Authorized Signature
_____ Date		_____ Date

If you have any specific questions concerning your application, please contact Dr. Roger Aamodt at (301) 496-7147.